

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000108272

1. Entity Name

LURIEL MEDICAL EQUIPMENT INC.

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 91005 002 \*\*\*150.00

0538813

Principal Place of Business

1145 CHEROKEE AVE.  
LEHIGH ACRES FL 33936

Mailing Address

1145 CHEROKEE AVE.  
LEHIGH ACRES FL 33936

2. Principal Place of Business

3805 Palm Beach Blvd.

3. Mailing Address

3805 Palm Beach Blvd.

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

#3

City &amp; State

Ft. Myers, FL

City &amp; State

Ft. Myers, FL

Zip

33916

Country

Zip

33916

Country

4. FEI Number 59-3618155

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEDRAZA, LOURDES  
1145 CHEROKEE AVE.  
LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent

Name

PEDRAZA, LOURDES

Street Address (P.O. Box Number is Not Acceptable)

3805 Palm Beach Blvd. #3

City

Ft. Myers

FL

Zip Code

33916

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Lourdes Pedraza

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-28-01

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PEDRAZA, LOURDES	
STREET ADDRESS	1145 CHEROKEE RD.	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDRAZA, LOURDES	
STREET ADDRESS	3805 Palm Beach Blvd. #3	
CITY-ST-ZIP	FT. MYERS, FL 33916	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-04-01 (941) 699-3116

CR2E034 (10/00)